WISCONSIN STROKE PLAN 2005

Sub-Acute Stroke Care & Secondary Prevention

.

A. Introduction

Sub-Acute Stroke Care & Secondary Prevention: Ideal State
1. Organized approaches are used (such as stroke teams, stroke units and protocols) to ensure all patients receive appropriate sub-acute care. (Required in PSC certification)
2. Approaches are adopted that ensure secondary prevention addressing all major modifiable risk factors for all patients with a history of stroke. (Required in PSC certification)
3. Stroke patients/families receive education on stroke risk factors, warning signs & how to activate EMS.
4. A smooth transition exists from inpatient to outpatient care.

The treatment of stroke patients during the sub-acute phase, including the early implementation of secondary prevention regimens, is critical to optimizing patient outcomes. There are well-established evidence-based guidelines focused on sub-acute care and secondary prevention for stroke, and patient outcomes can be improved through their consistent implementation. Systems approaches can provide important support mechanisms to help ensure that well-established evidence-based practice guidelines are put into practice in consistent ways, regardless of the setting of patient care.

One important aspect of patient care in the sub-acute phase involves the treatment of progressing stroke. Approximately one-third of stroke patients worsen during the initial 24 to 48 hours after stroke onset, and early deterioration is associated with increased mortality and morbidity.

Organized and standardized efforts targeting prevention of common complications are also critical, including prevention, recognition and treatment of acute stroke, myocardial infarction, deep vein thrombosis, pulmonary embolism, urinary tract infections, aspiration pneumonia, dehydration and poor nutrition, skin breakdown and metabolic disorders. To optimize the therapeutic benefit, many of the steps necessary to avoid these complications should be initiated in the emergency department.

Improved clinical outcomes are realized when sub-acute stroke care is provided through the use of focused and organized approaches during hospitalization, including the use of short- and long-term stroke units. These stroke units integrate acute and rehabilitative care by a well-trained, multidisciplinary group specializing in the care of stroke patients and commonly use clinical pathways and protocols, typically in a geographically defined area of the hospital. Stroke unit personnel include physicians, nurses and rehabilitation personnel who engage in regular communication and other efforts to ensure the coordination of care.

B. Current Status

Please rate Wisconsin's current status on *Sub-Acute Stroke Care and Secondary Prevention* (on a scale from 1 to 5, 1 being poor (does not exist) and 5 being "ideal" state exists):

Organized approaches to care exist
Secondary prevention strategies implemented
Post-stroke education on risk, warning signs
Smooth transitions exists between in/out-patient care

1. **__2.2___ Organized approaches** are used (such as stroke teams, stroke units and protocols) to ensure all patients receive appropriate sub-acute care. (Required in PSC certification)

2. **__2.0___** Approaches are adopted that **ensure secondary prevention** addressing all major modifiable risk factors for all patients with a history of stroke. (Required in PSC certification)

3. **_ 1.0___ Stroke patients/families receive education** on stroke risk factors, warning signs & how to activate EMS**.**

4. **__2.4 ___**A **smooth transition** exists from inpatient to outpatient care.

5. **__1.9___ Overall Score**

C. Inventory

Identify assets and resources available to assist with the above recommendations.

Inventory of Sub-Acute Stroke Care & Secondary Prevention Assets/Resources	
Organization (Source)	**Asset/Resource (Identify/Describe)**
AHA/ASA	Toll-free "Warmline" and website Get With The Guidelines/Stroke Patient Education Materials Heart/Stroke Recognition Program (NCQA) *Stroke Connection Magazine* (re-branding opportunities) Satellite Broadcast on Secondary Prevention + derivatives Starting Now (secondary prevention in the rehab setting)

D. Assessment for *Sub-Acute Stroke Care and Secondary Prevention*

Recommendation 1: A stroke system should use organized approaches (such as stroke teams, stroke units and written protocols) to ensure that all patients receive appropriate sub-acute care.

- Rated 2.2 out of 5.

- **Current situation:**
  - Met with JCAHO certification (covers acute care hospital and what is initiated there).
  - Covered as a PSC BAC Recommendations.

Recommendation 2: A stroke system should adopt approaches to secondary prevention that address all major modifiable risk factors and that are consistent with the national guidelines for all patients with a history or suspected history of stroke or transient ischemic events.

- Rated 2.0 out of 5.

- **Current situation:**
  - Covered as a PSC BAC Recommendations

Recommendation 3: A stroke system should ensure that stroke patients and their families receive education on stroke risk factors, warning signs and the availability of time-sensitive therapy, as well as the appropriate method for activating EMS in their area.

- Rated 1.0 out of 5.

- **Current situation:**
  - Covered as a PSC BAC Recommendations

Recommendation 4: A stroke system should ensure a smooth transition from inpatient to outpatient care, including timely transfer of hospitalization information to the subsequent treating physician and a clear method of appropriate follow-up.

- Rated 2.4 out of 5.

- **Current situation:**
  - No recommendations cross into the outpatient setting.

"Where ever a patient is treated for stroke, these issues should be effectively addressed regardless of the stroke center status, if you will. The stroke center status will really separate out those that can deliver acute stroke emergency stuff from those who can't, but this sub-acute care really can be done in any hospital. "

E. Action Plan

Wisconsin Stroke Plan
Sub-Acute and Secondary Prevention
2005-2009

THE PANEL MAKES A NOTATION TO THIS PLAN: ANY HOSPITAL TREATING A STROKE PATIENT SHOULD MEET THESE BASIC SUB-ACUTE AND SECONDARY PREVENTION STROKE CARE GOALS; THIS INCLUDES ANY HOSPITAL THAT RECEIVES A STROKE PATIENT AND DOES NOT DIVERT HAS TO BE ABLE TO ACCOMPLISH THESE GOALS.

Goal 1: **A stroke system should use organized approaches (such as stroke teams, stroke units and written protocols) to ensure that all patients receive appropriate sub-acute care.**

Note: For hospitals that are JCAHO certified this goal is supported.

Strategy 1: **Support targeting efforts to recognize and treat deterioration after stroke and the prevention of common complications occurring in the early post-stroke period.**
Strategy 2: **Support pursuing continuity of care with therapies initiated during the hyper-acute phase.**

#	Objectives	Action Steps	Timeframe
1.1&2A	**Assess the capability of hospitals on the use of stroke care plans.**	• Include in the hospital capabilities survey whether the hospital has stroke care plans.	2005-2007
1.1&2B	**Inform and educate hospitals that adopting an organized approach to stroke by implementing pathways and having QA can improve quality of care for stroke patients.**	• Provide education and training on the existence of pathways and how to implement.	2005-2007
1.1&2C	**Encourage non-certified hospitals to adopt clinical pathways or tools similar to a pathway to improve standards of care and use them.**	• Create a template for pathways that may be utilized by hospitals caring for stroke patients. • Ensure that the templates meet the above specific goals. • Post resources and pathways on the CVH Stroke website.	2005-2007

Goal 2: **A stroke system should adopt approaches to secondary prevention that address all major modifiable risk factors and that are consistent with the national guidelines for all patients with a history or suspected history of stroke or transient ischemic events.**

Note: For hospitals that are JCAHO certified this goal is supported.

Strategy 1: **Ensure that stroke secondary prevention strategies also address the relevant modifiable risk factors for heart disease and other cardiovascular diseases.**

#	Objectives	Action Steps	Timeframe
2.1A	**Assess the capability of hospitals on initiating secondary stroke prevention measures.**	• Include this component in the hospital capabilities survey. • Explore current reimbursement patterns for prevention measures among hospitals.	2005-2007

2.1B	**Inform and educate hospitals that adopting an organized approach to secondary prevention by implementing pathways and having QA can improve quality of care for stroke patients.**	• Provide education and training on the existence of pathways and how to implement.	2005-2007
2.1C	**Encourage non-certified hospitals to adopt clinical pathways or tools similar to a pathway to improve standards of care and use them.**	• Create a template for pathways that may be utilized by hospitals caring for stroke patients. • Ensure that the templates meet the above specific goals. • Post resources and pathways on the CVH Stroke website.	2005-2007

Goal 3: **A stroke system should ensure that stroke patients and their families receive education on stroke risk factors, warning signs and the availability of time-sensitive therapy, as well as the appropriate method for activating EMS in their area.**

Note: For hospitals that are JCAHO certified this goal is supported.

Strategy 1: **Ensure that measurable goals are established for assessing the ability of stroke patients and their families demonstrate new knowledge as a result of this intervention.**

#	Objectives	Action Steps	Timeframe
3.1A	**Assess the capability of hospitals to provide education.**	• Include this component in the hospital capabilities survey.	2005-2007
3.1B	**Inform and educate hospitals that adopting an organized approach to providing patient and stroke family education by implementing pathways and having QA can improve quality of care for stroke patients.**	• Provide education and training on the existence of pathways and how to implement.	2005-2007
3.1C	**Encourage non-certified hospitals to adopt clinical pathways or tools similar to a pathway to improve standards of care and use them.**	• Create a template for pathways that may be utilized by hospitals caring for stroke patients. • Ensure that the templates meet the above specific goals. • Post resources and pathways on the CVH Stroke website.	2005-2007

Goal 4: **A stroke system should ensure a smooth transition from inpatient to outpatient care, including timely transfer of hospitalization information to the subsequent treating physician and a clear method of appropriate follow-up.**

Strategy 1: **Encourage support through hospital policies and procedures.**

#	Objectives	Action Steps	Timeframe
4.1A	**Encourage every hospital to have a policy and procedure in place to document and to forward to the primary care physician that risk factors have been identified and treatment recommendations made.**	• Identify a pathway to ensure risk factors are identified and modifications recommended (pathway or standing orders and a report form or discharge summary). • Written communication should also be included for the primary care physician and for the patient with risk factors outlined for follow up.	2005-2007